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UNITED STATES HOUSE OF REPRESENTATIVES 2019 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	M DEDISIMINA RESIDENCE CENTER
		2028 AUG 13 PM 2: 02
Name: HENRY C. HANK "Johnson, Je. Day	Daytime Telephone: <u>(ලඛ) გან - 1605</u>	A \$200 pene Wife Hotel The Glassification any Individual who has more than southly was.
FILER Member of the U.S. State: CH House of Representatives District: OH	Officer or Employing Office:	s: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2019 Annual (Due: May 15, 2020)	Amendment Termination Date of Termination:	nihedon:
 PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QU	QUESTIONS	
 A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	ntid receive any ves No No
 C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$380 in value from a single source during the reporting period?	niid receive any totaling more than Yes No No
 D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	rretton to charity in Yes No
 E. Did you hald any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	M	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
 IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	*	NSWER EACH OF THESE QUESTIONS
 IPO - Did you purchase any shares that were allocated as a part of an initial Public O contact the Committee on Ethics for further guidance.	as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please	question, please Yes 🔲 No 🔀
 TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts from this report details of such a trust that benefits you, your spouse, or dependent child?	thics and certain other "excepted trusts" need not be disclosed. Have you excluded	tave you excluded Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ne, transactions, or liabilities of a spouse or your dependent child າ the Committee on Ethics.	because they meet Yes No X

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	1				DE Kare		Exemples:		For a detailed discussion of Schedule A requirements pisses refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any financial increat in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every threndal institution where there is more than \$1,000 in interest-bearing accounts.	401(X) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	that generated more than \$200 in "uneamed" income during the year.	identity (a) each assat held for investment or production of income and with a fair market value succeding \$1,000 at the end of the reporting period, and (b) any other reportable assat or source of income	Assets and/or Income Sources
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SCHEDULE C - EARNED INCOME

Name: HENRY C. "HANK "JOHNSON, JR. Page 3 of_

List the source, type, and amount of earned income from any source (other than the filler's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Milkary pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	sated at or above the "senior staff" rate was kery relationship) are totally prohibited.	\$28,440. The 2020 limit is \$28,845.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
EXamples: Civil We Roundable (Oct. 2) Onterfo County Board of Education	Spouse Satery	\$1,000 N/A
DEKALS COUNTY COMMISSION	SPOUSE SALARY	N/M
JOHNSON, HOPEWELL, CAEMAN, LLC	Spouse Salbay	N/A
DEKALG COUNTY, GA	PENSION	\$11,400
	200000	

Name: HENRY
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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			ļ		DC. 51		
			C	Example			
			OCWEN	First Bank of Wilmington, DE	Creditor		
			3/05	5/19	Date Liability Incurred MO/YR	1	
	GA.	CESIOGICE IN LITHOUGH	PELHARY NORTHAGE ON	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000		
					\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	
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					\$500,001- \$1,000,000	71	t of L
					\$1,000,001- \$5,000,000	٥	Amount of Liability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$60,000,000	-	
					Over \$50,000,000	ے	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Position	Position Name of Organization
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SCHEDULE F - AGREEMEN

ns of any agreement or arrangement that you have with numer or current employer other than the U.S. government	ITS	
ns of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government or current employee welfare or benefit plan maintain	Name: HENRY C. "HANR" DETNEN JOR PAGE	
of government service;	Page 5 of 6	

identify the date, parties to, and general tem continuation or deferral of payments by a for employer.

and and are		
Date	Parties to Agreement	Terms of Agreement
2004	2004 DENAUS COUNTY, GO AND HENRY C. HAME SOMEDW	PENSION
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal irlandship received from the Committee on Ethica)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: HENRY C. "HANE" DOBNOW, DE, Page 6 of 6

identify the source and list travel litherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spokes, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

MANGERN & MIKE MANSPIELD FOLLOSTICA AMERICAN BAIL ASSOCIATION LITHOUTS SECTION GERMAN MARCHOLL FUND OF THE UNITED STRES CONGRESSIONEL BYCK CAUS THETTIBE CONDUCTIONAL BLACK CANCES THEOTHER Examples INTED NATIONS FOUNDATION NC BEACK ALLIANCE Habitat for Humanity (charity fundrales) Government of Chine (MECEA) Bouros OEC 1-2 APR. 26-27 Nov 7-9 チャー 30-33 Aug 8-11 Oct 2-5 MAY 1-3 F Deta(e) 印 477 ATTACK - ANTWERD BELGIUM - ATT DC ATL - CALEIGH, NG - ATL ATL - TUMCA MS - ATT ATL - NYC - OC City of Departure-Destination-City of Return - MISSOULLA MT - ATTL - LAS VBCAS, NV - ATTL 77C - OC DC-Bailing, Chine-DC DC-Boston-DC (MX) ₹**700**43 く < Family Member (natuded? (Y/N))